

12-18-01

PTO/SB/05 (08-00)

†

JC914 U.S. PTO  
12/14/01Please type a plus sign (+) inside this box → 

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

J1011 U.S. PTO  
12/14/01J1011 U.S. PTO  
12/14/01

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.52(b))

|                       |                                  |                |
|-----------------------|----------------------------------|----------------|
| Attorney Docket No    |                                  | DENSE-052A     |
| First Inventor        |                                  | Glen E Roeters |
| Title                 | CSP Chip Stack with Flex Circuit |                |
| Express Mail Label No | EV 015373658 US                  |                |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g., PTO/SB17)  
 2.  Applicant claims small entity status  
 3.  Specification [Total Pages 19]  
 (preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed) 37 CFR 3.73(b)
- Detailed Description
- Claim(s)
- Abstract of the DisclosureCopies of IDS Citations

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 1]

5.  Oath or Declaration [Total Pages 1]  
 a.  Newly executed (original or copy)

- b.  Copy from a prior application (37 CFR 1.63(d))  
 (for continuation/divisional with Box 17 completed)

I  DELETION OF INVENTOR(S)  
 Signed statement attached deleting inventor(s)  
 named in the prior application, see 37 CFR  
 1.63(d)(2) and 1.33(b)

6.  Application Data Sheet: See 37 CFR 1.76

ADDRESS TO  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or C-R in duplicate, large table or Computer Program (Appendix)  
 8.  Nucleotide and/or Amino Acid Sequence Submission  
 See 37 CFR 1.27 (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b.  Specification Sequence Listing on
    - I  CD-ROM or CD-R (2 copies), or
    - II  paper
  - c.  Statements verifying identity of above copies  
 a computer program listing appendix

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))  
 10.  37 CFR 3.73(b) Statement  Power of Attorney  
 11.  English Translation Document (if applicable)  
 12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations  
 13.  Preliminary Amendment  
 14.  Return Receipt Postcard (MPEP 503) (Should be specifically addressed to the USPTO)  
 15.  Certified Copy of Priority Document(s)  
 (if foreign priority is claimed)  
 16.  Other \_\_\_\_\_

17. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

Continuation  Divisional  Continuation-in-part of prior application No \_\_\_\_\_  
 Prior application information Examiner \_\_\_\_\_ Group/Art Unit \_\_\_\_\_  
 For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**18. CORRESPONDENCE ADDRESS**

|   |                        |          |  |
|---|------------------------|----------|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label 007663 or | Customer address below |          |  |
| Name  |                        |          |  |
| Address   |                        |          |  |
| City  | State                  | Zip Code |  |
| Country   |                        |          |  |

|                   |               |                                  |        |
|-------------------|---------------|----------------------------------|--------|
| Name (Print/Type) | Mark B Gerred | Registration No (Attorney/Agent) | 34,823 |
| Signature         | 12/14/01      |                                  |        |

† SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# FEE TRANSMITTAL for FY 2002

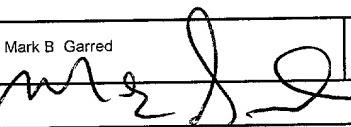
Patent fees are subject to annual revision

|                                |                |                          |                 |
|--------------------------------|----------------|--------------------------|-----------------|
|                                |                | <b>Complete if Known</b> |                 |
|                                |                | Application Number       | Unknown         |
|                                |                | Filing Date              | Herewith        |
|                                |                | First Named Inventor     | Glen E. Roeters |
|                                |                | Examiner Name            | Unknown         |
| <b>TOTAL AMOUNT OF PAYMENT</b> | (\$)<br>497 00 | Group Art Unit           | Unknown         |
|                                |                | Attorney Docket No       | DENSE-052A      |

| <b>METHOD OF PAYMENT</b>   |                            |                  |                | <b>FEES CALCULATION (continued)</b>  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
|--|----------------------------|------------------|----------------|--|--|--|--|----------------------------|----------------------------|-----------------|----------|--------------|-----|------------------|----------------|-------------|-------------------------------------|-----|-----|--------|-----|---|----------------|--------------------|-----|-----|---------------------------|-----|-------|-----|-------|---|-----|------|-----|------|--|-----|--------|-----|--------|---|-----|-----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-------|-----|-----|---|-----|-------|-----|-----|--|-----|-----|-----|-----|------------------|-----|-----|-----|-----|--|-----|-----|-----|-----|--------------------------|-----|-------|-----|-------|---|-----|-----|-----|----|--------------------------------|-----|-------|-----|-----|----------------------------------|-----|-------|-----|-----|--------------------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|-----|----|-----|----|---|-----|-----|-----|-----|--|-----|----|-----|----|---|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|---|---------------------------|--|--|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to<br/>           Deposit Account Number <u>19-4330</u></p> <p>Deposit Account Name <u>Stetina Brunda</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br/> <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>   |                            |                  |                | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge -late provisional filing fee or cover sheet</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifty month</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive-unavoidable</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive-unintentional</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Statement</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties) <u>\$40.00</u></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td></tr> </tbody> </table> |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |          | Fee Paid     | 105 | 130              | 205            | 65          | Surcharge - late filing fee or oath | 127 | 50  | 227    | 25  | Surcharge -late provisional filing fee or cover sheet | 139            | 130                | 139 | 130 | Non-English specification | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | 115 | 110 | 215 | 55 | Extension for reply within first month | 116 | 400 | 216 | 200 | Extension for reply within second month | 117 | 920 | 217 | 460 | Extension for reply within third month | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | 128 | 1,960 | 228 | 980 | Extension for reply within fifty month | 119 | 310 | 219 | 155 | Notice of Appeal | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | 121 | 270 | 221 | 135 | Request for oral hearing | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | 140 | 110 | 240 | 55 | Petition to revive-unavoidable | 141 | 1,240 | 241 | 620 | Petition to revive-unintentional | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | 143 | 440 | 243 | 220 | Design issue fee | 144 | 600 | 244 | 300 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 123 | 50 | 123 | 50 | Petitions related to provisional applications | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) <u>\$40.00</u> | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 710 | 249 | 355 | For each additional invention to be examined | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  |                | Fee Paid   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 105  | 130                        | 205              | 65             | Surcharge - late filing fee or oath  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 127  | 50                         | 227              | 25             | Surcharge -late provisional filing fee or cover sheet  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 139  | 130                        | 139              | 130            | Non-English specification  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 147  | 2,520                      | 147              | 2,520          | For filing a request for ex parte reexamination  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 112  | 920*                       | 112              | 920*           | Requesting publication of SIR prior to Examiner action   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 113  | 1,840*                     | 113              | 1,840*         | Requesting publication of SIR after Examiner action  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 115  | 110                        | 215              | 55             | Extension for reply within first month   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 116  | 400                        | 216              | 200            | Extension for reply within second month  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 117  | 920                        | 217              | 460            | Extension for reply within third month   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 118  | 1,440                      | 218              | 720            | Extension for reply within fourth month  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 128  | 1,960                      | 228              | 980            | Extension for reply within fifty month   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 119  | 310                        | 219              | 155            | Notice of Appeal   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 120  | 310                        | 220              | 155            | Filing a brief in support of an appeal   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 121  | 270                        | 221              | 135            | Request for oral hearing   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 138  | 1,510                      | 138              | 1,510          | Petition to institute a public use proceeding  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 140  | 110                        | 240              | 55             | Petition to revive-unavoidable   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 141  | 1,240                      | 241              | 620            | Petition to revive-unintentional   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 142  | 1,240                      | 242              | 620            | Utility issue fee (or reissue)   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 143  | 440                        | 243              | 220            | Design issue fee   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 144  | 600                        | 244              | 300            | Plant issue fee  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 122  | 130                        | 122              | 130            | Petitions to the Commissioner  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 123  | 50                         | 123              | 50             | Petitions related to provisional applications  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 126  | 180                        | 126              | 180            | Submission of Information Disclosure Statement   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 581  | 40                         | 581              | 40             | Recording each patent assignment per property (times number of properties) <u>\$40.00</u>  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 146  | 710                        | 246              | 355            | Filing a submission after final rejection (37 CFR § 1.129(a))  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 149  | 710                        | 249              | 355            | For each additional invention to be examined   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 179  | 710                        | 279              | 355            | Request for Continued Examination (RCE)  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 169  | 900                        | 169              | 900            | Request for expedited examination of a design application  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Other fee (specify) _____  |                            |                  |                |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p>X Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   |                            |                  |                |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| <b>FEES CALCULATION</b>  |                            |                  |                |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility Filing fee <u>\$370.00</u></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design Filing fee</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant Filing fee</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue Filing fee</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>805</td><td>Provisional Filing fee</td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) <u>\$370.00</u></p> |                            |                  |                |  |  |  |  | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |          | Fee Paid     | 101 | 740              | 201            | 370         | Utility Filing fee <u>\$370.00</u>  | 106 | 330 | 206    | 165 | Design Filing fee                                     | 107            | 510                | 207 | 255 | Plant Filing fee          | 108 | 740   | 208 | 370   | Reissue Filing fee                              | 114 | 160  | 214 | 805  | Provisional Filing fee                                 |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  |                | Fee Paid   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 101  | 740                        | 201              | 370            | Utility Filing fee <u>\$370.00</u>   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 106  | 330                        | 206              | 165            | Design Filing fee  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 107  | 510                        | 207              | 255            | Plant Filing fee   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 108  | 740                        | 208              | 370            | Reissue Filing fee   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| 114  | 160                        | 214              | 805            | Provisional Filing fee   |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th colspan="2">Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>25</td><td>- 20** = 5 X 9 =</td><td><u>\$45.00</u></td></tr> <tr><td>Independent</td><td></td><td></td><td></td></tr> <tr><td>Claims</td><td>4</td><td>- 3 = 1 X 42 =</td><td><u>\$42.00</u></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) <u>\$87.00</u></p> <p>**or number previously paid, if greater, For Reissues, see above</p>   |                            |                  |                |  |  |  |  | Extra Claims               |                            | Fee from below  | Fee Paid | Total Claims | 25  | - 20** = 5 X 9 = | <u>\$45.00</u> | Independent |                                     |     |     | Claims | 4   | - 3 = 1 X 42 =  | <u>\$42.00</u> | Multiple Dependent |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Extra Claims   |                            | Fee from below   | Fee Paid       |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Total Claims   | 25                         | - 20** = 5 X 9 = | <u>\$45.00</u> |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Independent  |                            |                  |                |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Claims   | 4                          | - 3 = 1 X 42 =   | <u>\$42.00</u> |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |
| Multiple Dependent   |                            |                  |                |  |  |  |  |                            |                            |                 |          |              |     |                  |                |             |                                     |     |     |        |     |   |                |                    |     |     |                           |     |       |     |       |   |     |      |     |      |  |     |        |     |        |   |     |     |     |    |  |     |     |     |     |   |     |     |     |     |  |     |       |     |     |   |     |       |     |     |  |     |     |     |     |                  |     |     |     |     |  |     |     |     |     |                          |     |       |     |       |   |     |     |     |    |                                |     |       |     |     |                                  |     |       |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |   |     |     |     |     |  |     |    |     |    |   |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |  |  |  |

\* Reduced by Basic Filing Fee Paid    SUBTOTAL (3)    \$40.00**SUBMITTED BY:**

Complete (if applicable)

|                   |   |                                  |        |           |                      |
|-------------------|---|----------------------------------|--------|-----------|----------------------|
| Name (Print/Type) | Mark B Garred   | Registration No (Attorney/Agent) | 34,823 | Telephone | (949) 855-1246       |
| Signature         |  |                                  |        |           | Date <u>12/14/01</u> |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEND TO Assistant Commissioner for Patents, Washington, D C 20231

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

- I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
  
- I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. EV 015373658 US addressed to:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

on December 14, 2001  
(Date)



\_\_\_\_\_  
Signature

Kristin Stenberg  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Utility Patent Application Transmittal;
2. Fee Transmittal (in duplicate);
3. Specification (19 pages);
4. Drawings;
5. Declaration;
6. Application Data Sheet;
7. Recordation Form Cover Sheet;
8. Assignment;
9. 37 CFR 3.73(b) Statement;
10. Power of Attorney; and
11. Check for \$497.00